IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION (C)

PERMIT # 170385 PIN # 4639-28-3912 DATE FEBRUARY 16, 2012

OWNER MICHAEL HALFORD APPLICANT: SAME PHONE: Home/Cell # 704-528-7562 Business # 704-929-6889

SITE ADDRESS 131 CROWN COURT OWNER / APPLICANT ADDRESS 131 CROWN COURT, TROUTMAN, NC 28166

SITE DIRECTIONS STATE PARK ROAD TO MORRISON FARM ROAD, TL APACHE RD TL CROWN COURT, LOT AT END

SUBDIVISION CLEFT BLOCK / SECTION 18 LOT # 64 LOT AREA 0.69 ACRE DESIGN FLOW 360' L.T.A.R. 0.30 GPD/FT²

Septic Tank 1000 Gallons: STB EX Date EX

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet 200

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth SAND 24"

☐ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: 50% REDUCTION GRAVITY

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

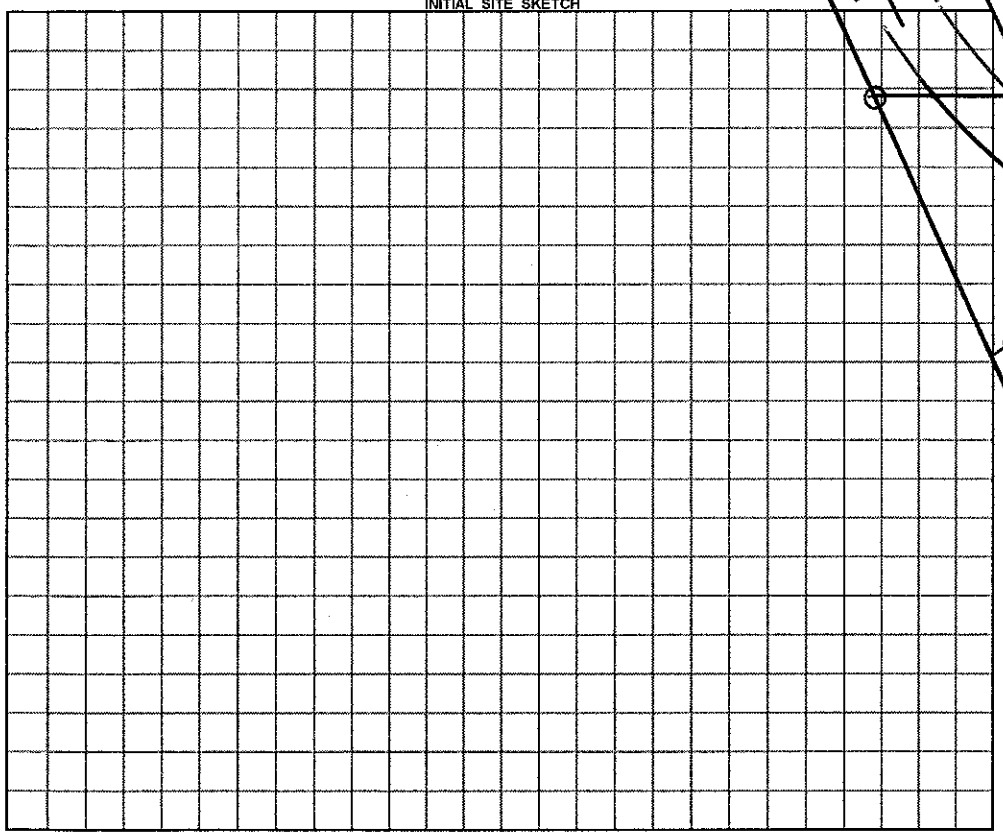
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

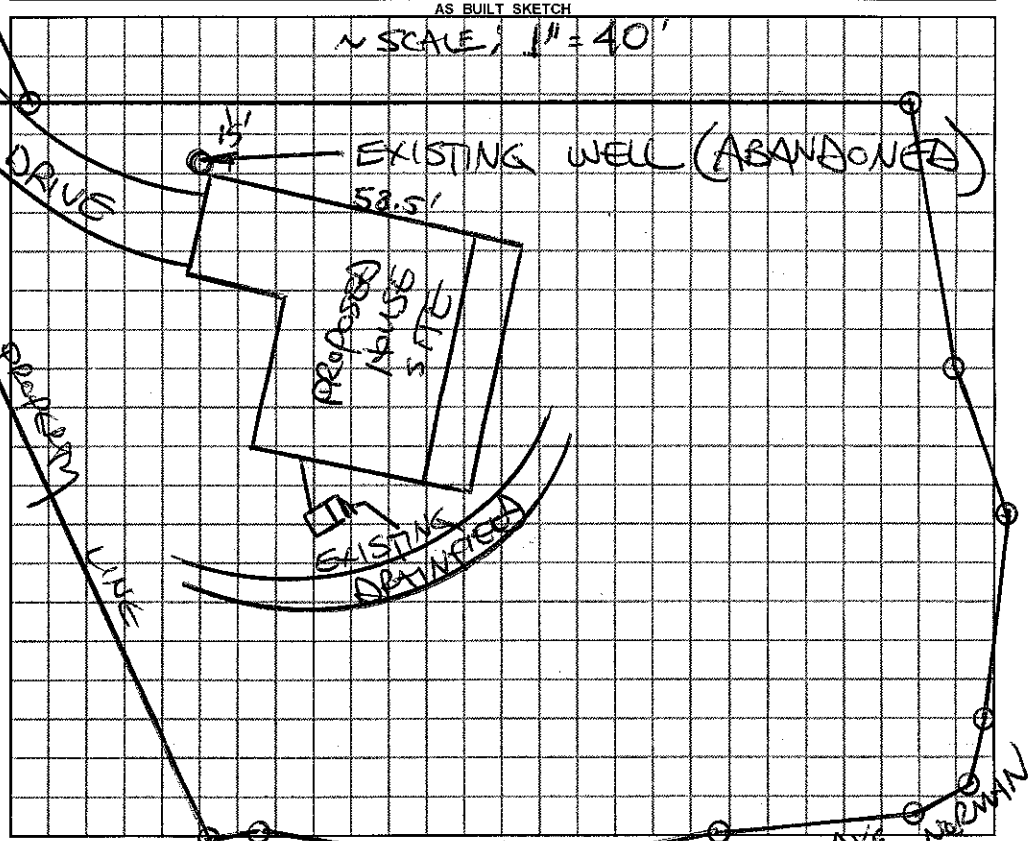
Comments / Conditions

KEEP BUILDING FOUNDATION MINIMUM FIVE FEET FROM SEPTIC SYSTEM

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

☐ ***IMPROVEMENT PERMIT*** *with plat valid without expiration.* ☐ ***IMPROVEMENT PERMIT*** *with ~~plat valid without expiration.~~ site plan valid 60 mo.* ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: ____ Date 2-23-12 Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: STEVE HENDRICK ***REHS*** Date FEB 16, 2012

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (initial) Owner / Applicant